

Application for State-Allowed Accommodations
Michigan Merit Examination (MME) – March 2008
RECEIPT DEADLINE: January 25, 2008

Important NOTE: Do NOT use this form to request ACT-Approved test accommodations. Complete this form ONLY for a student who does not meet ACT's eligibility requirements or whose request for ACT-Approved Accommodations has been denied by ACT. Scores earned with State-Allowed Accommodations will be used for state department of education assessment purposes, but will NOT be reported to colleges, scholarship agencies, or any other entities.

This form is to be completed by a school official, such as counselor, special education teacher, or principal.

A. STUDENT INFORMATION (Please print clearly.)

Student Name (Last, First, M.I.) _____ Date of Birth (Mo/Day/Yr) _____ State-Assigned Student ID (SASID) Number _____

Student Street Address or PO Box _____ City _____ State _____ Zip Code _____

Name of High School the Student Attends and Where the Student Will Test _____ ACT High School Code (required) _____

Name of Home High School (only if different from the school the student attends) _____ ACT High School Code (required) _____

B. REASON FOR REQUESTING STATE-ALLOWED ACCOMMODATIONS. Check all that apply.

- ☐ (IEP) Individualized Education Program ☐ (504) Section 504 Plan ☐ (ELL) English Language Learner

C. TEST FORMAT REQUESTED. Check only one. All test booklets, including large type, and all answer folders are printed in English. (Braille, if applicable, is normally an ACT-Approved accommodation. If a student needs Braille in addition to other State-Allowed accommodations, please call ACT at 800/553-6244, ext. 1788 before completing this application.)

English Formats

Printed Booklet

- ☐ (01) Regular Type (10-point)
☐ (02) Large Type (18-point)

Audio Cassette

- ☐ (04) with Regular Type
☐ (05) with Large Type

Reader's Script

- ☐ (07) with Regular Type
☐ (08) with Large Type

English Formats (cont'd)

Audio DVD

- ☐ (DA) with Regular Type
☐ (DD) with Large Type

Video English

- ☐ (DG) DVD with Regular Type
☐ (DH) DVD with Large Type
☐ (VG) VHS with Regular Type
☐ (VH) VHS with Large Type

Spanish Formats

Video/Audio DVD

- ☐ (DB) DVD with Regular Type
☐ (DE) DVD with Large Type
☐ (VB) VHS with Regular Type
☐ (VE) VHS with Large Type

Arabic Formats

Video/Audio DVD

- ☐ (DC) DVD with Regular Type
☐ (DF) DVD with Large Type
☐ (VC) VHS with Regular Type
☐ (VF) VHS with Large Type

D. SCHOOL OFFICIAL'S SIGNATURE (required). *I affirm the student named on this form attends this school. I have explained to the student and the student's parent/guardian that scores earned with State-Allowed Accommodations will be reported **ONLY** to the state department of education for state assessment purposes and will **not** be reported to colleges, scholarship agencies, or any other entities.*

 School Official's Signature (may not be a relative of the student)

 Print Official's Name and Title

E. STUDENT AND PARENT SIGNATURES (required). *I understand that scores earned with State-Allowed Accommodations will be reported **ONLY** to the state department of education for state assessment purposes and will **not** be reported to colleges, scholarship agencies, or any other entities. I understand that the student's notification of scores will be sent to the high school in August.*

 Student's signature (**required** if 18 or older)

 Parent/legal guardian signature (**required** if student is under 18)

 Date

NOTE: School official may sign for parent/legal guardian if verbal approval has been obtained by phone.

SUBMITTING THE APPLICATION. Incomplete or unsigned forms will not be processed. The request **must** be submitted **with** a signed Test Accommodations Coordinator Header. Address all requests from your school as a group to: ACT State Test Accommodations - MI, 301 ACT Drive, PO Box 4071, Iowa City, IA 52243-4071. All submissions must be **received** at ACT by **January 25, 2008**. (Keep a photocopy for your files.)